

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**2003 APR 28 PM 12:25 FORM C/OH  
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)		2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	TITLE		FIRST	MI	OFFICE USE ONLY	
	NICKNAME		LAST	SUFFIX		
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX; APT / SUITE #;		CITY;	STATE;		Date Received
	ZIP CODE					Date Hand-delivered or Date Postmarked
5 CAMPAIGN TREASURER NAME	TITLE		FIRST	MI	Receipt #	
	NICKNAME		LAST	SUFFIX	Amount	
6 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY;	STATE;	Date Processed	
	ZIP CODE				Date Imaged	
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)					
9 PERIOD COVERED	Month	Day	Year	THROUGH	Month Day Year	
10 ELECTION	ELECTION DATE		ELECTION TYPE			
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known)			
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..					
	Name					
	Address / PO Box; Apt. / Suite #; City; State; Zip Code					
<input type="checkbox"/> additional pages						
GO TO PAGE 2						

**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**2003 APR 28 PM 12:25  
FORM C/OH  
COVER SHEET PG 2**14 C/OH NAME**

David Fernandez

**15 ACCOUNT #** (Ethics Commission filers)**16 NOTICE  
FROM  
POLITICAL  
COMMITTEE(S)**

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

**COMMITTEE TYPE**☐ GENERAL☐ SPECIFIC**COMMITTEE NAME****COMMITTEE ADDRESS****COMMITTEE CAMPAIGN TREASURER NAME****COMMITTEE CAMPAIGN TREASURER ADDRESS**☐ additional pages**17 NO REPORTABLE  
ACTIVITY**☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)**18 CONTRIBUTION  
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 1,510<sup>00</sup>2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

**EXPENDITURE  
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

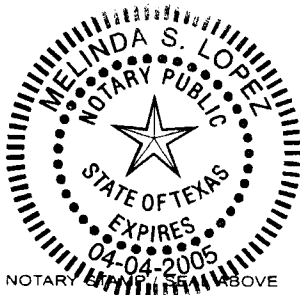
4. TOTAL POLITICAL EXPENDITURES

\$ 520.98

**OUTSTANDING  
LOAN TOTALS**

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

**19 AFFIDAVIT**

AFFIX NOTARY SEAL HERE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said David R. Fernandez, this the 28th day of April, 2003, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Melinda S. Lopez

Printed name of officer administering oath

Notary

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY OF SAN ANTONIO  
CITY CLERK

## SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

2003 APR 28 PM 12:25

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule A1:	
2 FILER NAME David Fernandez		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Several Individuals (Plate Sale/BBQ)	7 Amount of contribution (\$) 1,510	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 302			
9 Principal occupation (Optional)		10 Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		
Principal occupation (Optional)		Employer (Optional)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL EXPENDITURES****SCHEDULE F**

2003 APR 28 PM 12:25

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

David Fernandez

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/11

5 Payee name

Thrif + Mart

7 Amount  
(\$)

77.00

6 Payee address; City; State; Zip Code

Zaragoza St.

8 Purpose of payment (See instructions regarding type of information required.)

Fundraiser supply

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

4/11

Payee name

HEB #36

Amount  
(\$)

8.05

Payee address; City; State; Zip Code

Zaragoza/S.W. Military Dr.

Purpose of payment (See instructions regarding type of information required.)

Fundraiser supplies

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

4/12

Payee name

Diamond Shamrock #1026

Amount  
(\$)

13.92

Payee address; City; State; Zip Code

SW Military/Borlita

Purpose of payment (See instructions regarding type of information required.)

Fundraiser supplies

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

4/12

Payee name

Hardy Andy #717

Amount  
(\$)

11.94

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

Fundraiser supplies

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES

## SCHEDULE F

2003 APR 28 PM 12:25

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

David Fernandez

3 ACCOUNT # (Ethics Commission filers)

4 Date

4/12

5 Payee name

Advance Auto Parts

7 Amount (\$)

6.46

6 Payee address; City; State; Zip Code

5512 SW Military Dr.

8 Purpose of payment (See instructions regarding type of information required.)

Fundraiser Supplies

9 -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

4/15

Payee name

USPS

Amount (\$)

260.00

Payee address; City; State; Zip Code

1140 S. Caredo

Purpose of payment (See instructions regarding type of information required.)

Postage

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

4/15

Payee name

Bill Millers #15

Amount (\$)

19.95

Payee address; City; State; Zip Code

Roosevelt

Purpose of payment (See instructions regarding type of information required.)

Campaign Lunch

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

Date

4/16

Payee name

Bexar County Elections

Amount (\$)

11.00

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

Campaign information

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought Office held

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# POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 FILER NAME

David Fernandez

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

4/18

Office Depot

6 Payee address; City; State; Zip Code

2321 SW Military Dr.

54.00

8 Purpose of payment (See instructions regarding type of information required.)

Campaign Supplies

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

4/23

Barbed Wire Grill

Payee address; City; State; Zip Code

620 S. Presa

36.48

Purpose of payment (See instructions regarding type of information required.)

Campaign Meeting

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

4/24

USPS

Payee address; City; State; Zip Code

Arsenal Station

74.00

Purpose of payment (See instructions regarding type of information required.)

Postage

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

4/24

HERB #36

Payee address; City; State; Zip Code

8.18

Purpose of payment (See instructions regarding type of information required.)

Campaign Supplies

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED